

**OIL OR GAS  
QUARTERLY PRODUCTION REPORT**

This report is due by the end of the succeeding month ending the quarter regardless of the status of the well.

Quarter Ending: \_\_\_\_\_  
Permit Number: \_\_\_\_\_ County: \_\_\_\_\_  
Well Name/Number: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Land Surface Owner: \_\_\_\_\_

Month	Oil (Bbl)	Gas (Mcf)	Saltwater (Bbl)
Total			

Comments: (if checked "Yes"  
provide an explanation)

Repairs      ☐ Yes      ☐ No

Leaks        ☐ Yes      ☐ No

Spills        ☐ Yes      ☐ No

Fire          ☐ Yes      ☐ No

Vandalism    ☐ Yes      ☐ No

Signature Required

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company